

HIV/AIDS AND HEALTH



How to use this toolkit...

This toolkit aims to assist Government Ministries or Departments to develop a sector-specific response to the HIV/AIDS epidemic.

The toolkit is intended to facilitate the incorporation of HIV/AIDS issues into existing planning processes.

The following general issues should be considered when using the toolkit:

Active commitment by leadership

- Active commitment by leadership is essential to support the process of planning and implementing an effective response to HIV/AIDS. Whoever uses this toolkit should place the commitment of leadership high on their agenda (the Minister, Permanent Secretary and/or Directors).

Prioritisation of activities

- Activities must be prioritised because of the complexity of the impacts of HIV/AIDS. Responses must not be delayed unnecessarily while full details of all impacts are obtained. Data collection should be prioritised to provide the information that is most important and feasible to collect within immediate constraints. For example, to enlist leadership commitment and allow for initial planning, ballpark figures and readily available data may be appropriate. However, for more detailed planning, more detailed data collection may be required. Responses will need to be prioritised according to expected impact, and the consequences of not responding.

This document is one in a series of pamphlets targeted at Government Ministries.

The aims are:

- to assist priority sectors to identify areas where they are vulnerable to the impacts of HIV/AIDS.
- to suggest specific steps that can be taken.

Expert assistance

- Expert assistance of people with specialist knowledge of HIV/AIDS and planning skills is essential to ensure adequate understanding of HIV/AIDS impacts and effective response planning.

Generic issues

- Some of the issues covered by the toolkit need to be considered by all Government Ministries.
- The four accompanying documents are generic, and apply to all Ministries. These are:
 - 1) *Understanding HIV/AIDS*
 - 2) *Why HIV/AIDS is a Government Issue*
 - 3) *HIV/AIDS and Ministry Employees*
 - 4) *Planning Tools*.
- These should be used by the Ministry of Health in conjunction with this document as indicated in the steps that follow on page 2.

The full Toolkit range:

Generic:

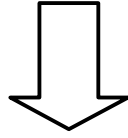
- Understanding HIV/AIDS
- Why HIV/AIDS is a Government Issue
- HIV/AIDS and Ministry Employees
- Planning Tools

Ministry and/or Department:

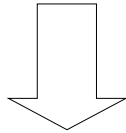
- HIV/AIDS and Agriculture
- HIV/AIDS and Education
- HIV/AIDS and Finance
- HIV/AIDS and Health
- HIV/AIDS and Housing and Public Works
- HIV/AIDS and Labour
- HIV/AIDS and Welfare

*Below is a diagrammatic chart
of the steps described in this toolkit.*

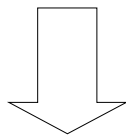
Step 1:
Understanding HIV/AIDS impacts in wider society,
and the role of Government Ministries



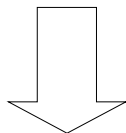
Step 2:
Identify internal impacts within
the Ministry or Department



Step 3:
Identify external impacts that
influence Ministry functions



Step 4:
Identify appropriate action responses



Combined result:
A sector-specific impact assessment
and response to HIV/AIDS

Step 1: Understanding HIV/AIDS impacts in wider society, and the role of Government Ministries

The HIV/AIDS epidemic presents a major challenge to developing countries. A first step in formulating a response to the epidemic is to understand the basic facts about HIV/AIDS and the role of Government Ministries. Further details concerning both of these aspects are provided in accompanying documents.

It is important to emphasise an aspect of HIV prevention and one regarding HIV disease management. While methods to prevent the transmission of HIV are well established, successful implementation of prevention programmes has been uncommon. This is because social and economic factors, that predispose to high risk situations, are very difficult to change. Attempts to do so will need to be found to compliment and enable the 'technical solutions' such as making blood supply safe, treating other STDs (sexually transmitted diseases), and providing condoms for wide use. On the management front, a cure for HIV/AIDS and a vaccine to prevent new infections or one to prevent HIV/AIDS complications are still outside our reach. In addition, effective treatments are unaffordable in most resource-poor environments. Despite this, persons with HIV/AIDS can benefit significantly from many treatment strategies that have been shown to be cost-effective.

Information contained in the accompanying document *Why HIV/AIDS is a Government Issue*, includes the following:

- Why HIV/AIDS is a critical issue for any organisation.
- Reasons for government involvement.
- How can governments respond?

The HIV/AIDS epidemic is more than just a health issue. Social and economic impacts within Government Ministries and in wider society necessitate government involvement both internally and externally. Typical HIV/AIDS impacts on organisations that will affect the functioning of Government Ministries include increased absenteeism, lower productivity, higher costs of labour, and skills shortages. Externally, appropriate responses within a Ministry's spheres of influence and responsibility are critical to slow the rate of new infections and to help manage the impact of existing infections. In many areas, legal and policy responses by Government Ministries are able to play a pivotal role in managing the epidemic.

The accompanying document *Understanding HIV/AIDS* includes the following information:

- What is HIV/AIDS?
- How is HIV transmitted?
- What are some of the important features of the HIV/AIDS epidemic?
- Is there any evidence that prevention programmes work?
- Is there prospect of a cure for HIV/AIDS?
- Is HIV/AIDS a manageable condition?
- Useful Internet resources.

Step 2: Identify internal impacts within the Ministry or Department

Identifying internal impacts involves understanding the extent and consequences of infections among Ministry or Departmental employees. These may severely compromise the ability of any organisation to deliver, but the effect may be particularly pronounced in Government if it lacks flexibility to respond to new pressures. The impact of employee infections will be particularly severe for Ministries in the social sector, such as Education, or Health, because of the multiplier effect of personnel infections. For example, for every teacher infected, the education of some 20-50 learners will be affected. However, the loss of key personnel in any Ministry may adversely affect the functioning of that Ministry, with a ripple effect in wider society.

Experience and research show that a Ministry's vulnerability to employee infections depends on several key areas. Step 2 of this toolkit has been designed to help guide collection of data for identifying the extent and nature of impacts of employee infections in these key areas.

Areas to consider by Ministries include the following:

- Numbers of HIV infected employees
- Absenteeism and productivity
- Recruitment and training
- Morale
- Benefits
- Gender
- Capacity to respond

Some of these areas of vulnerability may be the ultimate responsibility of a central body, such as the Ministry of Public Service Administration, and individual sectors should liaise with this Ministry.

The accompanying document *HIV/AIDS and Ministry Employees* provides an overview of areas of vulnerability to employee infections and flags data that may be needed fully to appreciate impacts.

The types of assessment needed depend on the purpose for which the data are to be used.

In the accompanying document *Planning Tools*, Chart 1 provides examples of assessments that may be appropriate, as well as suggested indicators.

Step 3: Identify external impacts that influence Ministry functions

The Ministry of Health is uniquely placed to impact profoundly on the future HIV/AIDS epidemic and it carries the greatest burden of care for HIV/AIDS illness in wider society. HIV/AIDS will be a challenge to health care at primary, secondary and tertiary level. Clear understanding of potential external impacts will influence whether the sector's response is appropriate and effective in meeting the needs of society and individuals.

The type of impact assessments and responses that are appropriate will depend on the context, in particular the stage of the epidemic and the extent to which resources have already been mobilised around HIV/AIDS.

For example:

- Are the HIV and AIDS epidemics still growing or have they stabilised?
- Are there important differences between the severity of the HIV/AIDS epidemics in different areas or populations?
- Has a specific strategy for the health sector response to HIV/AIDS already been developed?
- Have cost-effective, sustainable approaches to prevention and HIV/AIDS care been identified or are further data or analysis needed to identify them?
- To what extent have other sectors recognised the need for multi-sectoral action and what is the role of the MoH in mobilising and supporting these?
- What is the contribution of the private sector to HIV/AIDS prevention and care, and to what extent are appropriate policies and treatment strategies already in place?
- Has the Ministry of Finance indicated what extra resources may be available for the health sector's response to HIV/AIDS?

Defining the core functions and priorities of the Ministry will be essential to prioritising areas of concern. These are the issues that are expressed in strategic plans and senior management discussions. The challenge of HIV/AIDS should be assessed, guided by the following key questions for each Ministry function and priority:

Key questions for Ministry priorities:

- How does this function or service impact on the spread of HIV?
- How will HIV/AIDS impacts in wider society affect needs to be addressed by the Ministry and its function or service?
- What factors may increase or reduce ability to manage HIV/AIDS impacts?

All relevant stakeholders should be involved in planning impact assessments and identifying appropriate responses. The items in the next section provide a general idea of the scope of the impact on typical Ministry of Health functions:

- Prevention and Health Promotion
- Impacts on Primary Health Care (PHC) services
- Ensuring access to appropriate hospital care
- Home-based and other non-hospital care strategies
- Blood supply
- Stress and burnout among health personnel
- Public-private partnerships
- Leadership and co-ordination
- Policy and legislation

Review the examples of the type of assessment you may need fully to appreciate impacts in these areas.

Suggested indicators are given in Chart 2 in the document *Planning Tools*.

- Complete a similar chart for areas that are relevant to your Ministry.
- Tick those areas where data may be useful for motivation or planning within your Ministry.

Prevention and Health Promotion

- What are the needs for prevention strategies including education and empowerment, condom provision and STD treatment?
- What key groups, practices and risk situations should be targeted to reduce HIV transmission most cost-effectively?
- Is there a clear understanding at all levels of the system of key requirements for successful prevention programmes?
- Which other sectors have roles in prevention?
- What resources are available for prevention programmes?
- Are there any key bottle-necks and obstacles to effective prevention programmes?
- What are the needs for prophylaxis and secondary prevention of complications of HIV infection?

Impacts on Primary Health Care (PHC) services

- What levels of increased utilisation of PHC services are being experienced and are expected?
- What types of opportunistic infections and other HIV-related medical needs are presenting at PHC services or could potentially be managed effectively by PHC services?
- What extra psycho-social needs have to be met at PHC level?
- What are the current and expected impacts of HIV/AIDS on numbers of tuberculosis cases in the population served?
- What counselling and HIV testing needs exist at PHC level?
- Does the TB control programme have capacity to address a TB epidemic?

- What diagnosis and treatment protocols are needed at primary facilities for common opportunistic diseases and conditions, and STDs?
- Are PHC staff adequately trained, experienced and supported to address medical and psycho-social needs created by HIV/AIDS?
- Does HIV/AIDS create a need for certain new drugs, or more drugs eg for TB and STDs, at PHC level?
- What needs for referral systems are created by HIV/AIDS?
- What extra facilities and personnel are needed to make PHC accessible to people with HIV/AIDS?
- What are the expected roles of current PHC staff in supporting home based care, and do they have the capacity to perform this role in addition to other duties?

Ensuring access to appropriate hospital care

- What are current levels of HIV/AIDS-related hospital utilisation?
- What is the projected number of people with HIV-related illness and AIDS? How many are expected to seek hospital care and at what stage of their illness?
- What are future bed needs likely to be? Data on the average number of admissions and average length of stay of people with different stages of HIV/AIDS disease may be used to obtain these estimates.
- What will be the capacity of hospitals according to current plans and have these plans considered projected HIV/AIDS needs?
- What is the case mix of people currently hospitalised with HIV/AIDS related illness?
- What is the mortality rate among people admitted with various conditions?

- What indications are there of trends in quality of care for people with HIV/AIDS and other patients (e.g. mortality and admission rates)?
- Which conditions have poor prognoses and may be most appropriately treated with palliative care?
- Which conditions can potentially be cared for in other settings (e.g. home-based care; step-down facilities)?
- What are the needs for chronic inpatient care for TB, due to e.g. social circumstances and multi-drug resistance TB?
- What types of staff are most cost-effective and feasible to train on the scale required to meet the HIV/AIDS-related needs?
- What inefficiencies (e.g. extended length of stay, low occupancy of some wards) may waste capacity to meet needs?
- What guidelines and systems for clinical care, admission, discharge and referral are in place? Do they fit in with overall strategy on hospital care?
- What training and support needs do carers and health care staff have to enable them to provide the required care?
- What financial and staff capacity are, and will be, available for these services?
- Are referral systems to and from home-based care (HBC) and other care points able to cope with the workload efficiently?
- Are care strategies such as HBC strengthened by good coordination with NGOs, CBOs or initiatives by Ministries of Welfare and Education, for example, to create continuum of care for people with HIV/AIDS, orphans and other dependents?

Blood supply

- Is a safe blood supply assured?
- What are the extra costs of assuring a safe blood supply, e.g. from testing, and discarding of infected blood?

Home-based and other non-hospital care strategies

- What are the priority needs (medical and other) of people with late stage HIV/AIDS?
- What models of home-based or other terminal care may help to meet the needs of people with late stage HIV/AIDS?
- What are the current and projected numbers of patients who are candidates for each type of care, in view of their social, economic and other circumstances?
- What are the financial and other costs to the health service and households of various models of care?
- What are the impacts of HIV/AIDS needs on workloads of staff involved in various care strategies?

Stress and burnout among health personnel

- Is HIV/AIDS causing burnout and stress among health personnel due to factors such as increased workloads, high mortality among young patients and illness of colleagues?
- Have stresses such as workplace exposure to HIV or exposure of infected staff to opportunistic infections been addressed?
- Have stresses on all relevant staff (including e.g. dieticians, oral health and laboratory staff) been considered?

Public-private partnerships

- Is the private sector likely to be significantly impacted by HIV/AIDS costs?

- What are the consequences if the private health sector prevention and care response is not efficient and equitable?
- Is the private health care sector mobilised to respond to HIV/AIDS in a cost-effective, sustainable, equitable way?
- Are strategies and mechanisms in place to ensure effective and sustainable involvement of CBOs and NGOs in prevention and care?
- Are traditional healers contributing to effective HIV/AIDS prevention and care?
- Are health information and other MoH systems giving adequate information and technical inputs to guide health- and inter-sectoral initiatives eg. statistics on the epidemic and impacts, economic evaluations, counselling standards, condom quality assurance, and post-exposure prophylaxis policies?
- Are demands for input into the inter-sectoral response leading to adequate focus and capacity for effective health sector strategy development and implementation?

Leadership and co-ordination

- Is the MoH providing the necessary leadership and support for inter-sectoral HIV/AIDS responses?
- Are people living with HIV/AIDS adequately involved in prioritising uses of available resources?
- Is there adequate mobilisation and coordination around HIV/AIDS by planners and managers of hospitals, PHC and other health systems components?
- Are other sectors mobilised and committed to addressing HIV/AIDS issues?
- Increase or decrease the rate of spread of HIV infection?
- Actively reduce stigma and discrimination against infected or affected people, to encourage disclosure to strengthen prevention and impact management?
- Need adaptation to meet new challenges to implementation because of HIV/AIDS (eg providing sufficient staff to meet HIV/AIDS care needs may require changes to staffing norms and job descriptions to facilitate rapid, cost-effective training and employment)?

Policy and legislation

Do any current or planned policies and legislation related to the sector:

Step 4:

Identify appropriate action responses

Responses in areas of internal impact

Responding to impacts of HIV/AIDS on staff involves addressing two key questions:

- How can employee infections be prevented?
- What can be done about the impacts of existing employee infections, and future infections that are not avoided?

Actions that can be taken by Ministries include those related to:

- Prevention of new infections
- Absenteeism and productivity
- Recruitment and training
- Morale
- Benefits
- Gender
- Capacity to respond

Where actions are the ultimate responsibility of a central agency, such as a Department or Ministry of Public Service and Administration, the Ministry of Health should liaise with this agency.

The accompanying document *HIV/AIDS and Ministry Employees* provides an overview of some possible responses.

All key stakeholders must be encouraged to identify and plan projects related to particular action responses. It is important to prioritise responses that are most critical and feasible in your specific situation.

Examples of types of responses or projects that may be undertaken are provided in Chart 3 of the accompanying document *Planning Tools*.

Responses in areas of external impact

Responses to external impacts include those aimed at assisting the Ministry to continue to achieve goals and fulfil its functions in the context of changed needs in society. It also shows how the Ministry can take action to reduce HIV spread.

As for the impact assessments described in Step 3, the type of responses needed will be guided by the Ministry's core functions and priorities at a particular time. The challenge of HIV/AIDS should be assessed, guided by the following key questions for each Ministry function and priority:

Key questions for Ministry priorities:

- How can these services impact on HIV spread in the wider community?
- What can be done about the impacts of HIV/AIDS on these sector functions?

The items in the next section provide a general idea of the scope of possible responses by Ministries of Health. These cover the areas of:

- Prevention and Health Promotion
- Impacts on Primary Health Care (PHC) services
- Ensuring access to appropriate hospital care
- Home-based and other non-hospital care strategies
- Blood supply
- Stress and burnout among health personnel
- Public-private partnerships
- Leadership and co-ordination
- Policy and legislation

Some responses may actively address impacts, while others may include more detailed research and planning of specific issues. It is important to prioritise responses that are most critical and feasible in your specific situation. Appropriate participation of key stakeholders is likely to be important for effective prioritisation and buy-in.

Review each of these areas of action and consider which may be relevant to your Ministry.

Suggested indicators are given in Chart 2 in the document *Planning Tools*.

- Complete a similar chart for areas that are relevant to your Ministry.
- Tick those areas where data may be useful for motivation or planning within your Ministry.

Prevention and health promotion

- Evaluate and refine existing prevention programmes.
- Use innovative routes and messages so that HIV/AIDS information and education continuously have a high profile and credibility. For example, radio and TV drama, schools, popular personalities, post-offices, churches and agricultural extension officers have been used.
- Develop plans to provide for items such as budgets, staff, training and drug supplies required for health promotion.
- Ensure that programmes go beyond education and information, and actually empower people to change behaviour.
- Develop specific strategies to target high-risk groups, practices and situations.
- Strengthen skills, understanding and support materials for health personnel to participate fully in prevention activities.
- Ensure adequate systems for reliable, easy access to free or subsidised condoms.
- Set standards and monitor quality of condoms.
- Mobilise other sectors to ensure effective roles in prevention.
- Ensure that STD services are accessible and effective.
- Investigate and implement effective, appropriate use of prophylaxis and secondary prevention.
- Identify and monitor impacts of HIV/AIDS on PHC services.
- Clarify realistic strategic and operational roles of PHC services in HIV/AIDS care to reduce reliance on hospital care.
- Ensure that PHC planners and staff understand and are committed to their role in the HIV/AIDS response.
- Ensure that all PHC services provide effective, accessible STD services.
- Prioritise effectiveness of TB services and programmes.
- Develop PHC guidelines for diagnosis and treatment of HIV/AIDS related conditions, and evaluate their use.
- Train PHC staff where necessary in effective diagnosis and treatment of TB, STDs and other HIV/AIDS-related conditions, and ensure follow-up support and monitoring.
- Review PHC drug lists and ensure drug availability to avoid unnecessary referrals to hospital.
- Review, streamline and monitor referral systems.
- Develop counselling and support skills and capacity of PHC providers to meet extra psycho-social needs.
- Develop voluntary counselling and testing strategy and systems.

Ensuring access to Primary Health Care

Effective PHC services have a key role in HIV/AIDS responses. They are often more accessible than hospital care, and can prevent and treat illness before it becomes serious and needs hospital care. PHC-oriented care strategies have often been shown to be more cost-effective than hospital-oriented approaches.

- Ensure commitment of other sectors (e.g. Welfare) and coordination to provide support to people with HIV/AIDS and their households.
- Invest in facilities and personnel where necessary to ensure equitable, accessible PHC for people with HIV/AIDS.
- Review PHC service staffing to ensure adequate capacity.

Ensuring access to appropriate hospital care

- Identify and monitor HIV/AIDS impacts on hospitals.
- Ensure that hospital planners, managers and staff recognise the need for them to develop specific strategic plans to manage HIV/AIDS care needs.
- Develop efficient coordination mechanisms with planners, managers and staff of PHC, welfare and community-based care.
- Define guidelines for a "core package" of hospital care to be provided to people with HIV/AIDS and other terminal illness.
- Develop guidelines for clinical management, admissions, discharges and referral to and from other services in line with strategy.
- Develop counselling capacity in hospitals to facilitate more efficient testing and care planning with clients and carers.
- Address key bottlenecks and inefficiencies related to hospital staffing, care processes and capacity use.
- Develop quality assurance systems for care of people with HIV/AIDS and other conditions.
- Ensure timely expansion of hospital capacity based on projected needs, options for care, costs and available resources.

Implementing home-based and other non-hospital care

- Clarify types and scale of needs to be met, different models of care, cost and capacity issues.
- Pilot and evaluate various models of care.
- Ensure efficient systems for referrals and for support of health service staff involved in home-based or other care.

- Ensure adequate numbers and skills of staff to provide information, training and support to carers.
- Develop protocols and systems to provide information and basic training to carers before discharge from hospitals.
- Ensure availability of a key package of medical supplies for home-based and other types of care.
- Develop quality assurance mechanisms for each type of care.
- Develop policies and mechanisms to support effective, sustainable roles for non-governmental and community-based organisations in care and support.
- Ensure that Welfare and Development Ministries reinforce community and household capacity to cope with care and non-medical needs.

Blood supply

- Develop or refine systems to assure safe blood supplies and manage costs of blood.

Stress and burnout among health personnel

- Ensure effective policy, guidelines and implementation around precautions to reduce occupational exposure to HIV, and exposure of HIV-infected workers to opportunistic infections, especially TB.
- Encourage open discussion of staff concerns, make counselling available and support staff involved in counselling.
- Consider changes in work organisation and rotation to provide respite to staff working in severely affected services.
- Consider options for post-exposure and other prophylaxis, and health services for HIV-infected staff to ensure that they are able to stay healthy for as long as possible.
- Reduce stigma around HIV/AIDS among staff and patients.

Public-private partnerships

- Develop strategy and mechanisms to ensure sustainable, cost-effective HIV/AIDS prevention and care by the private sector.
- Ensure effective private sector roles in addressing key public health problems such as HIV prevention, STDs and TB.
- Monitor delivery by industry clinics and other private providers to ensure adequate standards of care.
- Develop strategies and mechanisms to ensure effective and sustainable involvement of CBOs and NGOs in prevention and care (eg HBC, counselling).
- Develop strategy to involve traditional healers in prevention and care.

Leadership and coordination

- Ensure adequate technical support, and quality data from health information systems and other sources, to guide HIV/AIDS planning in health and other sectors.
- Ensure that people with HIV/AIDS have a strong role in defining priorities for use of available resources.
- Ensure coordination of HIV/AIDS-related planning and operations between all relevant components of health services and HIV/AIDS programmes.
- Mobilise other sectors to respond to needs for HIV prevention, and care and support.
- Develop programmes to reduce stigma around HIV/AIDS, to facilitate more effective prevention and care.

Is it appropriate for the Health Ministry to mobilise the health sector in any of the above areas of response?

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